

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Zeno B. Baucus		2. PHONE NUMBER 406-457-5120		3. DATE 1/3/2014	
4. MAILING ADDRESS 901 Front Street, Suite 1100		5. E-MAIL ADDRESS cassie.potter@usdoj.gov		6. CITY Helena	7. STATE MT
8. ZIP CODE 59626	9. JUDGE Molloy	10. CASE NAME U.S. v. Jordan Graham			
11. U.S. DISTRICT COURT CASE NUMBER CR 13-37-M-DWM		12. COURT OF APPEALS CASE NUMBER			

13. ORDER FOR

<input type="checkbox"/> APPEAL	<input checked="" type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER - Specify

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

PORTIONS	DATE(S)	REPORTER	PORTIONS	DATE(S)	REPORTER
Change of Plea	12/12/13	Bacheller	Closing Argument - Plaintiff		
Pre-trial Proceeding			Closing Argument - Defendant		
Voir Dire			Settlement Instructions		
Opening Statement - Plaintiff			Jury Instructions		
Opening Statement - Defendant			Sentencing		
Testimony - Specify Witness			Other - Specify		

15. ORDER

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY	ADDITIONAL COPIES	FORMAT REQUESTED Each format is billed as a separate transcript copy.	
				Paper	Electronic Specify File Format
30-Day	\$3.65/page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input checked="" type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

E-file this form with the Clerk's Office, mail to opposing counsel if they are not electronic filers and serve the court reporter.
 If payment is authorized under CJA, do not e-file the CJA-24 form. Mail it to the court reporter.
 Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: 1/3/2014 Attorney signature: /s/ Zeno B. Baucus

Date order received by court reporter: _____ Expected transcript completion date: _____